

## ILLINOIS STATE POLICE

TODAY'S DATE 30 Oct 2013

ISP CASE# [REDACTED] DIVISION OF FORENSIC SERVICES\*FORENSIC SCIENCES COMMAND\*FSC-C  
EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT

PAGE 1 OF 2

RD#: CR 1051475		OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name [REDACTED]	IR/SID/FBI #'S: IR # [REDACTED]	DET'S WORK HOURS: Monday-Friday 0900-1700 hours
#2 Suspect	Sgt. Jose L. Lopez	No Record	PAGER/CELL PHONE NUMBER: 312-351-0441
#3 Suspect	PO Darryl Hardy	No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057
#4 Suspect	PO Pablo Mariano	No Record	AREA/UNIT: Bureau of Internal Affairs/121
#5 Suspect	Det. Anthony M. Amato	No Record	EVIDENCE COORDINATOR (EC): [Signature]
#6 Suspect	PO Victor Rivera	No Record	EC REVIEW DATE: 31 Oct 2013

## INSTRUCTIONS:

\*PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY\*\*

\*\*ATTACH ORIGINAL CASE REPORT\*\*

\*\*SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW\*\*

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <i>Indicate to Which Section(s) Each Item Should Go</i>	PRIORITY *EC-ONLY*	BOX TYPE *FSS-ONLY*
[REDACTED]	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	/	
[REDACTED]	Handwriting Samples (Sgt. Jose Lopez)	D	/	
[REDACTED]	20 Original Consent to Search Forms (PO Darryl Hardy)	D	/	
[REDACTED]	Handwriting Samples (PO Darryl Hardy)	D	/	
[REDACTED]	20 Original Consent to Search Forms (PO Pablo Mariano)	D	/	
[REDACTED]	Handwriting Samples (PO Pablo Mariano)	D	/	
[REDACTED]	20 Original Consent to Search Forms (Det. Anthony Amato)	D	/	
[REDACTED]	Handwriting Samples (Det. Anthony Amato)	D	/	
[REDACTED]	20 Original Consent to Search Forms (PO Victor Rivera)	D	/	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED], who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED]. Through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

CL# 1051475

Attachment # 84

Page 1 of 21 84

\*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

ISP 6-634 (06/05)

CR 1051475

CPD 0028178

TODAY'S DATE 30 Oct 2013

TODAY'S DATE 30 Oct 2013

ISP CASE#

**DIVISION OF FORENSIC SERVICES\*FORENSIC SCIENCES COMMAND\*FSC-C**  
**EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT**

PAGE 2 OF 2

RD#: CR 1051475	OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
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**\*\*PLEASE LIST ALL ADDITIONAL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY\*\***

[illegible]

CL# 1051475

Attachment 84

Page 2 of 21

ISP 6-634 Additional Inventory Page (06/05)

CR 1051475

CPD 0028179

INV NO

PKG NO.

RE-INVENTORY OF:

UNIT 121

INVENTORY NO

DATE RECOVERED  
05-AUG-2013



CR 1051475

DESCRIPTION OF PROPERTY

ITEM ID QUANTITY  
6570819 1 OTHER: PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF PO VICTOR RIVERA #13011

COPY 1

1051475

MY SIGNATURE HEREON ACKNOWLEDGES RECEIVING ALL PROPERTY DESCRIBED IN THIS INVENTORY

RECIPIENT'S SIGNATURE

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR UNIT

WATCH COMMANDER'S APPROVAL SIGNATURE (EXEMPT RANK REQUIRED FOR FIREARMS)

COURT ORDER - DISPOSAL INSTRUCTIONS

COMMENTS: Documents for Hand Writing Analysis by the Illinois State Police - Lab Number: S11-8230

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

CURRENCY:

IUCR:

STATE CHARGES:

RECOVERED/SEIZED FROM - NAME RIVERA, VICTOR  
DECEASED ARRESTED

AT 3510 S MICHIGAN AVE  
CHICAGO, IL 60653

OWNER'S NAME RIVERA, VICTOR Star: 13011

ADDRESS

TELEPHONE NO.

JUDGE

CT BR.

FOUND BY - NAME KENNEDY, SHAWN Star: 21270  
CHECK IF C.P.D.

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

HOLD FOR INVESTIGATION INVESTIGATING OFFICER - KENNEDY, SHAWN  
AND/OR EVIDENCE (IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

STAR NO. 21270 UNIT 121

1st OFFICER'S NAME KENNEDY, SHAWN

STAR NO. 21270

PROPERTY AVAILABLE FOR RETURN TO OWNER

SIGNATURE Electronic Approval

UNIT 121

TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)  
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

STAR NO.

INITIAL DESTINATION OF PROPERTY: FORENSIC SERVICES SECTION

SIGNATURE Electronic Approval

UNIT

VIA POLICE MAIL RECOVERING UNIT PERSONNEL APPROVING DESK SERGEANT  
E & RPS PICKUP EVID/LAB TECHNICIAN BLAUL, CHRISTINE

STAR NO. 926

DATE 31-OCT-2013

TIME 13:53

COPY 1 - KEEP WITH PROPERTY

Officer Victor L. Rivera  
Star Number: 13011

CL# 1051475  
Attachment # 84  
Page 4 of 21

PERSONAL HISTORY QUESTIONNAIRE  
BACKGROUND INVESTIGATION  
CHICAGO POLICE DEPARTMENT

1. POSITION APPLIED FOR: <u>5200</u> <u>PROB</u> <input checked="" type="checkbox"/> POLICE OFFICER <input type="checkbox"/> OTHER (SPECIFY) _____		2. DATE OF BIRTH (DAY-MONTH-YEAR) [REDACTED]	
3. NAME (LAST - FIRST - MIDDLE INITIAL) <u>Rivera - Victor - L.</u>	4. MAIDEN NAME (IF APPL.) <u>NA</u>	5. HOME PHONE NO. [REDACTED]	6. BUSINESS PHONE NO. [REDACTED]
9. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY) [REDACTED]		7. PAGER PHONE NO. ( ) <u>NA</u>	8. CELL PHONE NO. [REDACTED]
			10. SOCIAL SECURITY NO. [REDACTED]

INSTRUCTIONS  
PRINT OR TYPE ALL INFORMATION

**IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED ON THE LAST PAGE OF THIS QUESTIONNAIRE.**

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the CONTINUATION SECTION on page 9 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

DISCLAIMER

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

11. SIGNATURE (APPLICANT) <u>Victor L. Rivera</u>	CL# <u>1051475</u> Attachment# <u>84</u> PAGE 1 Page <u>5</u> of <u>21</u>	12. DATE (DAY - MONTH - YEAR) <u>06-17-04</u> <u>LS-36</u>
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CPD-62.152 (REV. 3/02)

CPD 0028182

CHICAGO POLICE DEPARTMENT  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, Victor L. Rivera Jr., do hereby authorize the release, review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature, except that I do not authorize the release of any information regarding my HIV status.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information." I understand that all information and documents turned over to the Chicago Police Department become the property of the Chicago Police Department and will not be returned to me.

SIGNATURE

ADDRESS

PHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NO.

WITNESS

CL#

1051475

DATE

9-24-00

Attachment#

**PERSONAL HISTORY QUESTIONNAIRE  
BACKGROUND INVESTIGATION  
CHICAGO POLICE DEPT.**

1. POSITION APPLIED FOR: EXAM NO. <u>32002</u> <input checked="" type="checkbox"/> POLICE OFFICER <input type="checkbox"/> OTHER (SPECIFY) _____		2. DATE (DAY-MONTH-YEAR) <u>09-24-00</u>	
		3. NAME (LAST - FIRST - MIDDLE INITIAL) <u>Rivera, Victor, L.</u>	
4. MAIDEN NAME (IF APPL.)		5. HOME PHONE [REDACTED]	6. BUSINESS PHONE [REDACTED]
7. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY) [REDACTED]			8. SOCIAL SECURITY # [REDACTED]

**INSTRUCTIONS  
PRINT OR TYPE ALL INFORMATION**

**IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED ON THE BACK COVER OF THIS QUESTIONNAIRE.**

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the **CONTINUATION SECTION** on page 10 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

**DISCLAIMER**

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

9. SIGNATURE (APPLICANT)

[Signature]

CL# 1051475

DATE (DAY - MONTH - YEAR)

09-24-00

CPD - 62.152 (REV. 02/95)

PAGE 1

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R5-342

CPD 0028184

STATE OF ILLINOIS  
County Of Cook  
CITY OF CHICAGO

Star No. 13011

I, RIVERA, VICTOR, L.  
Name (print) having been appointed to the

office of POLICE OFFICER

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

[Signature]  
Signature

Witnessed by: [Signature]

[Redacted Address]  
Address (print)

10 JUN 05  
Date

CPD 62.153 (Rev.3/95)

15-33  
m

CL# 1051475  
Attachment# 84  
Page 8 of 21





**CHICAGO POLICE DEPARTMENT  
PERSONNEL DIVISION  
PERSONNEL INVESTIGATIONS SECTION**

**AFFIDAVIT**

I, Victor L. Rivera Jr., as a candidate for the position of Probationary Police Officer with the Chicago Police Department, swear and affirm, under oath, that I have not engaged in any criminal conduct or been convicted of any violation, other than traffic tickets, in any state or jurisdiction in the United States.

I am voluntarily making this sworn statement, in order to induce the Chicago Police Department to process my application at this time. I understand that if my fingerprint checks are eventually returned indicating that I have been convicted of any violation or engaged in criminal conduct, this affidavit shall serve as my written resignation, regardless of whether or not the offenses complained of would have disqualified me as a candidate.

I understand that I do not have to make this sworn statement, and that my application will be fully considered, and my qualifications fully assessed, if I do not do so.

Victor L. Rivera Jr.  
Candidate's Signature

K5-32m

Subscribed and Sworn to  
before me this 4<sup>th</sup> day  
of December 2004.

Sgt. John Fermo  
Deputy Clerk of the Court

CL# 1051475

Attachment# 84

Page 9 of 21

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT  
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: RIVERA, VICTOR

TITLE: PPO

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER. " I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 09 MAY 2005

WITNESS SIGNATURE: [Signature]

DATE: 9 MAY 2005 KS-31-a

CPD-62.111 (7/03)

CL# 1051475

Attachment# 84

Page 10 of 21

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT  
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

1/3/05

TO: COMMANDER OF POLICE PERSONNEL  
FROM: NAME: VICTOR RIVERA JR.  
TITLE: PPO  
EMPLOYEE NUMBER: [REDACTED]  
SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 01 JUN 05

WITNESS SIGNATURE: [Signature]

DATE: 01 JUN 05 K5-30x

CPD-62.111 (7/03)

CL# 1051475

Attachment# 84

Page 11 21



City of Chicago  
Employee Residency Affidavit

Department Police Bureau \_\_\_\_\_

Name Victor L. Rivera Jr.

Position title Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

Chicago, Illinois

zip code [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed

[Signature]

Date

03 January, 2005 ES-29

Complete and sign two copies.

First copy to department file.

Second copy to Department of Personnel.

CL# 1051475

Attac... # 84

Page 12 of 21



DEPARTMENT OF POLICE \* CITY OF CHICAGO  
3510 SOUTH MICHIGAN AVENUE \* CHICAGO, ILLINOIS 60653

**SWORN**  
**ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT**

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: VICTOR RIVERA  
RANK/TITLE: P.O.  
PC NUMBER: [REDACTED]  
EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]  
DATE: 22 FEB 07

WITNESS' SIGNATURE: Capt L 110 KS-28m  
DATE: \_\_\_\_\_

CPD-62.111 (Rev. 1/07)

CL# 1051475

Attachment# 84

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Richard M. Daley  
Mayor

Department of Police • City of Chicago  
3510 South Michigan Avenue • Chicago, Illinois 60653

Terry G. Hillard  
Superintendent of Police

**SPECIAL ATTENTION AND NOTIFICATION**  
**TO ALL CANDIDATES FOR THE POSITION OF PROBATIONARY POLICE  
OFFICER FOR THE CITY OF CHICAGO**

After successful completion of the Police Officer's Examination, candidates must complete a Personal History Questionnaire and other forms answering all questions **ACCURATELY** and **TRUTHFULLY**.

Candidates and possible employment are required to provide all information necessary for a complete background investigation.

In accordance with Municipal Code of Chicago 2-74-095, **ANY FALSIFICATION OR OMISSION OF INFORMATION** may subject a candidate to **DISQUALIFICATION** and/or **TERMINATION** of employment and a **FINE** of up to \$500.00.

Candidates for the position of Probationary Police Officer may be required to take a Polygraph Examination (**LIE DETECTOR TEST**).

If a candidate **REFUSES** to take or **FAILS** the Polygraph Examination the candidate will be **REMOVED** from the eligibility list.

**CANDIDATES ARE REMINDED THAT DISQUALIFICATION OF AN APPLICANT AT ANY POINT IN THE SELECTION PROCESS WILL RESULT IN REMOVAL FROM FURTHER CONSIDERATION**

CL# 1051475

Signature: \_\_\_\_\_

Attachment# 84

Print Name: \_\_\_\_\_

Victor L. Rivera Jr.

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K5-27x

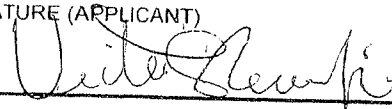
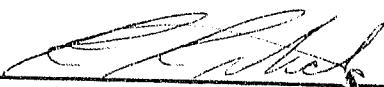
I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT) 	DATE (DAY - MONTH - YEAR) 17-June-2004
--	---

CONTINUE ON TO PAGE 11 AND 12 TO SIGN RELEASE.

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT) Victor L. Rivera Sr.	DATE (DAY - MONTH - YEAR) 4 / 11 / 04
SIGNATURE (APPLICANT) 	DATE (DAY - MONTH - YEAR) 4 / 11 / 04
SIGNATURE (WITNESS) 	STAR # 17704
	DATE (DAY - MONTH - YEAR) 4 Nov 04

ES-26  
en

CL# 1051475  
Attachment# 84  
Page 15 of 21

I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire. and all my answers are true and correct.

SIGNATURE (APPLICANT)

*Victor L. Rivera Jr.*

DATE (DAY - MONTH - YEAR)

*09-26-00*

CONTINUE ON TO PAGE 12 AND SIGN RELEASE

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT)

*Victor L. Rivera Jr.*

DATE (DAY - MONTH - YEAR)

*12-12-00*

SIGNATURE (APPLICANT)

*Victor L. Rivera Jr.*

DATE (DAY - MONTH - YEAR)

*12-12-00*

SIGNATURE (WITNESS)

STAR #

*R. F. Smith 17704*

DATE (DAY - MONTH - YEAR)

*12 Dec 00*

*KS-25*

CL# 1051475

Attachment # 84

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CONTINUATION SECTION

INDICATE IN THE LEFT HAND COLUMN THE NUMBER OF THE QUESTION YOU ARE ANSWERING, THEN COMPLETE YOUR ANSWER IN THE SPACE PROVIDED.

QUESTION #

CONTINUATION OF ANSWER

1051475

84

8. SIGNATURE (APPLICANT)

*[Handwritten Signature]*

DATE (DAY - MONTH - YEAR)

09-24-00

ES-24

NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

**Gifts/Money.** You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

**Dual Employment.** You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

**Interest in City Business.** You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

**Property.** You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

**Relatives.** You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this 03 day of January, 2015.

Signature: *Victor L. Rivera Jr.*

Print Name: Victor L. Rivera Jr.

Soc. Sec. No. [REDACTED]

Title: Police Officer ES-23

CL# 1051475

Attachment # 84

Page 18 of 21

\* You must return a signed copy of this Notice to your Department Head.

**SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT  
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION**

**TO:** COMMANDER OF POLICE PERSONNEL

**FROM:** NAME: Victor L. Rivera Jr.

**TITLE:** Police Officer

**SOCIAL SECURITY NO:** [REDACTED]

**SUBJECT:** RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY  
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT  
JUDGEMENT.

**SIGNATURE:** Victor L. Rivera Jr.

**DATE:** 03, January, 2005

KS-22  
cr

CPD-62.130 (REV. 1/03)

CL# 1051475

Attachment# 84

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Richard M. Daley  
Mayor

Department of Police • City of Chicago  
3510 S. Michigan Avenue • Chicago, Illinois 60653

Philip J. Cline  
Superintendent of Police

**SPECIAL ATTENTION AND NOTIFICATION**  
**TO ALL CANDIDATES FOR THE POSITION OF PROBATIONARY POLICE**  
**OFFICER FOR THE CITY OF CHICAGO**

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Candidates who qualify for further processing and possible employment are required to provide all information necessary for a complete background investigation.

In accordance with Municipal Code of Chicago 2-74-095, **ANY FALSIFICATION OR OMISSION OF INFORMATION** may subject a candidate to **DISQUALIFICATION** and/or **TERMINATION** for employment and a **FINE** of up to **\$500.00**.

Candidates for the position of Probationary Police Officer may be required to take a Polygraph Examination (**LIE DETECTOR TEST**).

If a candidate **REFUSES** to take or **FAILS** the Polygraph Examination the candidate will be **REMOVED** from the eligibility list.

**CANDIDATES ARE REMINDED THAT DISQUALIFICATION OF AN APPLICANT**  
**AT ANY POINT IN THE SELECTION PROCESS WILL RESULT IN REMOVAL**  
**FROM FURTHER CONSIDERATION.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Victor L. Rivera Jr.*  
*1051475*

Attachment# \_\_\_\_\_

Emergency: 9-1-1 • Non-Emergency: (Within City limits) 3-1-1 • Non-Emergency: (Outside City limits) 312-746-6000  
TTY: 312-746-9715 • E-mail: [police@ci.chi.il.us](mailto:police@ci.chi.il.us) • Website: [www.ci.chi.il.us/CAPS](http://www.ci.chi.il.us/CAPS)

CPD 0028197

CHICAGO POLICE DEPARTMENT  
EVIDENCE

RD. NO. \_\_\_\_\_ DATE 05 AUG 2013

INVENTORY NO. \_\_\_\_\_ ME NO. \_\_\_\_\_

TYPE OF OFFENSE \_\_\_\_\_

CASE NAME CR 1051475

ADDRESS OF SCENE/SERVICE \_\_\_\_\_

District of Occurrence \_\_\_\_\_ Beat No. \_\_\_\_\_

Detective(s) KENNEDY Area B.I.A.

*[Signature]*

CONTENTS

HAND WRITING SAMPLES

RECOVERED FROM PO VICTOR RIVERA

RECOVERED BY DET SHAWN KENNEDY

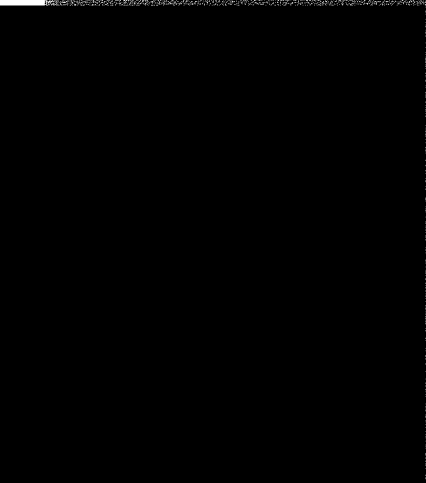
CPD 33.310 - A (3/97)

1051475

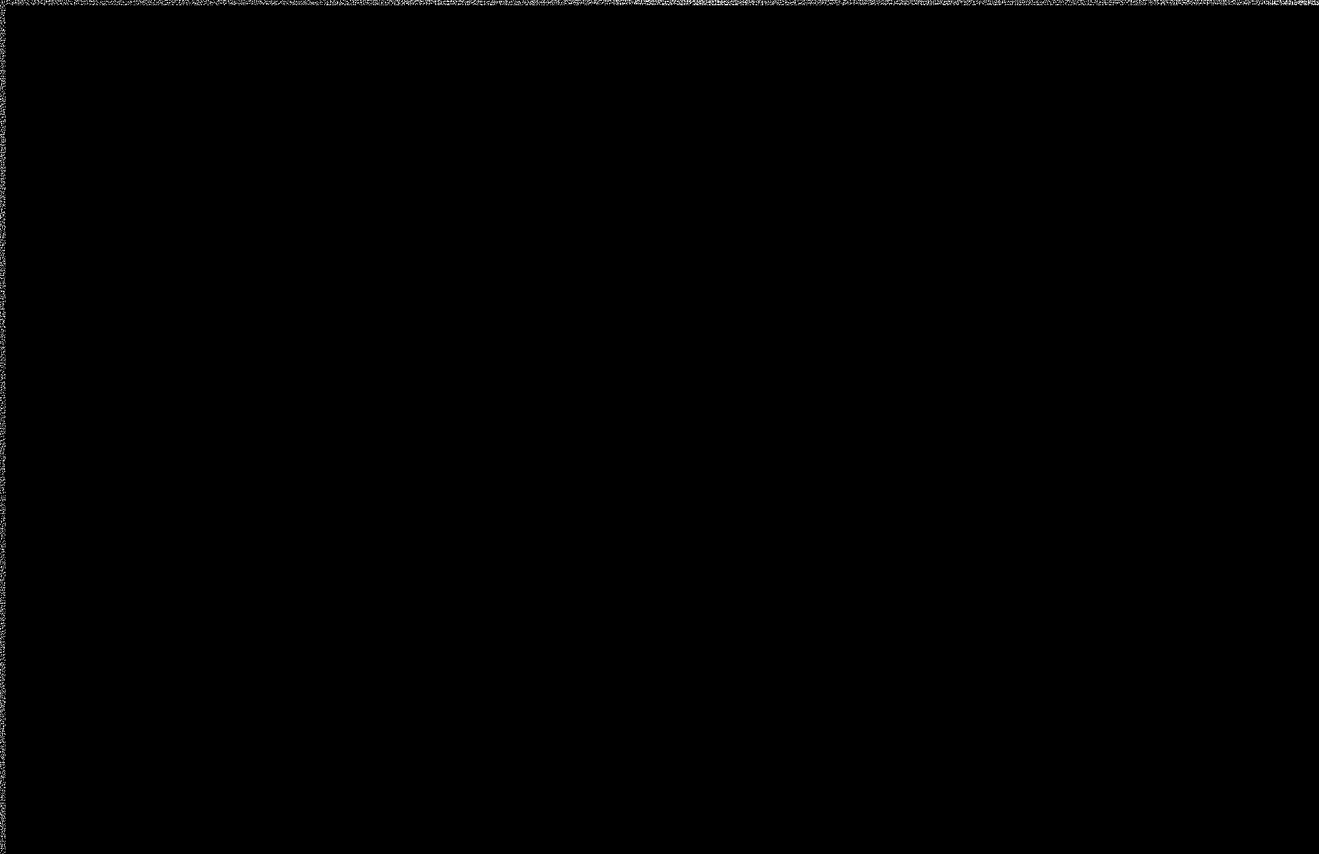
Attachment # 84

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Handwritten text on a diagonal strip, possibly a label or tag, with a serrated edge. The text includes "2070" and "St. Charles #700".



Handwritten text along the bottom edge, possibly a signature or date, including "St. Charles #700".